

## **WIC Program Rules:**

- Tell the truth about all the information you give to WIC.
- Get checks from one WIC clinic at a time.
- Choose WIC or CSFP (Commodity Supplemental Food Program). A person cannot be on both programs at the same time.
- The person who signs the WIC check at the clinic must sign the check at the store.
- Do not make changes to WIC checks. If you need to change your store or your baby's formula, please call the WIC clinic.
- Use WIC checks between the "First Day to Use" and the "Last Day to Use" listed on the WIC check. It is okay to use them on the first day and the last day.
- Report any lost, stolen, or destroyed checks to WIC staff. If you find the lost, stolen or destroyed checks, do not use them, return them to the WIC clinic.
- Buy only the foods or formula that are listed on the WIC check.
- Buy only the amount of food or formula listed on the WIC check.
- Do not sell, trade or give away WIC foods, formula or WIC checks.
- Do not exchange WIC foods, formula, or WIC checks for money, credit, rain checks or other items.
- Do not verbally abuse, harass, threaten, or physically harm WIC or store staff.

## **Please talk to WIC staff if you have questions.**

The Washington State WIC Program does not discriminate in provision of services or employment on the basis of race, color, national origin, sex, age or disability. The Washington State WIC Program is an equal opportunity provider and employer.

If you want to file a complaint of discrimination based on race, color, national origin, sex, age or disability, write to Director, Office of Civil Rights, United States Department of Agriculture, Whitten Building, Room 326-W, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). You may also call the Western Region Office of Civil Rights at 1-888-271-5983.

**Washington State WIC Office**  
**1-800-841-1410**



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For persons with disabilities this publication is available on request in other formats.

To submit a request, please call 1-800-525-0127.



# Washington State WIC Rights and Responsibilities

## 1. What does WIC expect from me?

### Buy WIC approved foods:

I will buy only the foods listed on my WIC checks. I will use the foods only for the person on the program.

### Use WIC checks correctly:

I will follow the rules when using WIC checks. WIC staff will tell me how to use the checks when I am put on the Program.

### Go to one WIC clinic at a time:

I will get checks from only one clinic at a time. If I move, I can ask for a transfer card.

### Keep WIC appointments:

I will come to my appointments or call ahead when I need to reschedule.

### Common courtesy:

I will treat WIC and store staff with courtesy and respect.

## 2. What can I expect from WIC?

### WIC foods:

If I qualify for WIC, I will get WIC checks to buy healthy foods at the grocery store. I understand that WIC does not give all the food or formula needed in a month.

### Nutrition and breastfeeding information:

WIC will give me tips about how to feed my family in a healthy way.

### Health care information:

WIC will help me find a doctor and get immunizations for my child. WIC will help me get other services I need.

### Fair treatment:

The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if I don't agree with a decision about my WIC eligibility.

### Common courtesy:

WIC staff will treat me with courtesy and respect. I will not be treated differently for any reason.

## 3. By signing this form I agree:

- All the information I give WIC is true. WIC staff can check any of this information.
- I will report any changes in my income, family size, or eligibility for Medicaid, Basic Food Program or TANF (Temporary Assistance for Needy Families).
- I will follow the WIC Program rules listed on this form. If I break the rules I understand that:
  - I or my child can be taken off WIC for up to one year.
  - I can face legal charges.
  - I will have to pay money back to the program for the foods or formula I should not have received.
- I give my permission for WIC staff to take my, or my child's height and weight. I allow WIC staff to take a small amount of blood to check my, or my child's iron level. I understand this information is needed to help determine WIC eligibility.
- I understand my rights and responsibilities for being on the WIC Program.

**IMPORTANT — WIC Program rules are listed on the back of this form.**

## 4. Sign

\_\_\_\_\_  
Client/Caregiver Signature

\_\_\_\_\_  
Date

### Getting WIC does not affect your immigration status

The Washington State Department of Health has access to copies of my WIC records.

For clinic use. Initial all that apply if client did not read the form: \_\_\_\_ Use of interpreter \_\_\_\_ Written translation \_\_\_\_ Read to client \_\_\_\_ Other